



# Electron Microscopy Core Imaging Lab

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## PROJECT / WORK REQUEST SUBMISSION FORM

To be completed by the PI:

Principal Investigator: Full Name: _____ Email: _____	Client Organization RWJMS ___ CINJ ___ CABM ___ Rutgers ___ Other External: ___
Signature: _____ Date: _____	
Office Address:	
Phone:	

**Legend: Sample identification**  
Enter samples to be run, assign them to each number:

1=	11=
2=	12=
3=	13=
4=	14=
5=	15=
6=	16=
7=	17=
8=	18=
9=	19=
10=	20=

New Sample(s): \_\_\_\_\_  
Previous Sample(s): \_\_\_\_\_  
Date submitted: \_\_\_\_\_

**Type of Work: Please check**

<input type="radio"/> TEM
<input type="radio"/> Neg Stain
<input type="radio"/> Tissue Processing
<input type="radio"/> Microtomy
<input type="radio"/> Microscope Usage
<input type="radio"/> Rotary Shadow
<input type="radio"/> Supplies
<input type="radio"/> Other

**Special Instructions:** sample orientation, etc

EM CORE LAB ONLY: Job Number: _____ Date Project Received and Staff Initials: _____
Date Completed/Client notified: _____